NOTICE OF FILING/CLAIM FEE(S) DUE
TO ENSURE PROPER CREDIT OF FEES, PLEASE RETURN A COPY OF THIS FEE CALCULATION SHEET WITH YOUR RESPONSE.

APPLICATION NUMBER: _____

Total Fee Calculation

	Fee Code	Total # Claims	Number Extra	X	Fee	Fee =	Total
	Sm./Lg.				Sm. Entity	Lg. Entity	*290*
Basic Filing Fee	201/101				___	___	___
Total Claims >20	203/103	*9*	-20 = ___	X	___	___	___
Independent Claims >3	202/102	*2*	-3 = ___	X	___	___	___
Mult. Dep Claim Present	204/104				___	___	___
Surcharge	205/105				___	___	*130*
English Translation	139						___
							920

TOTAL FEE CALCULATION

Fees due upon filing the application:

Total Filing Fees Due = $ ____*920*____

Less Filing Fees Submitted - $ ____*0*____

BALANCE DUE   = $ ____*920*____

M. Gordon
Office of Initial Patent Examination